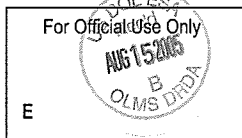


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6165</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Martin</u> c <u>Marinack</u> P.O. Box, Bldg., Room No., if any Street <u>1372 Herman Street</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15212</u>	4. Name, file number, and address of labor organization. Name <u>Shopmen's Local Union No. 527</u> Labor Organization File Number <u>032-224</u> P.O. Box, Building and Room Number, if any Street <u>2945 Banksville Rd.</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15216</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Shopmen's Local 527 Pension Fund</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>2845 Banksville Rd.</u> City <u>Pittsburgh</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15216</u>	7.a. Nature of Interest, Transaction, or Income. <u>Payment of tuition, airfare, transportation, hotel and per diem for meals at trustee educational conference.</u> 7.b. Amount. <u>\$3,328</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Martin C. Marinack</u>	On <u>08/12/2005</u> Date	<u>(412) 231-3138</u> Telephone Number

Name of Person Filing <u>Martin, Marinack</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>The Segal Company</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1300 E. Ninth Street</u></p> <p>City <u>Cleveland</u></p> <p>State <u>Ohio</u> ZIP Code + 4 <u>44114</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Shopmen's Local 527 Pension Fund</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2945 Banksville Rd.</u></p> <p>City <u>Pittsburgh</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>15216</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Actuarial and consultant work for Pension and Welfare Funds.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$64,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner party annual Trustee meeting.</u></p> <p>12.b. Amount. <u>\$67</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Merisow Financial</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>220 Park Ave. Suite 350</u></p> <p>City <u>Birmingham</u></p> <p>State <u>Michigan</u> ZIP Code + 4 <u>480009</u></p>	<p>14.a. Nature of payment.</p> <p><u>Dinner party for clients to meet, discuss and learn about service provider.</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>\$75</u></p>

Name of Person Filing Martin, Marinack	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Highmark</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 120 Fifth Ave. Place</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15222</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Shopmen's Local 527 Pension Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 2945 Banksville Rd.</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15216</p>	<p>11.a. Nature of such dealing.</p> <p>Healthcare provider for Benefit Fund on a premium paid basis.</p> <p>11.b. Approximate dollar value of such dealing. \$1,400,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Annual labor appreciation golf outing and dinner for labor organizations.</p> <p>12.b. Amount. \$173</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>